

Below is an excerpt from our Health Insurance Advocate, Czajkowski Dumpel & Associates, Inc. periodic newsletter.

Important Medicare Information

Saturday, October 15 marks the start of the 2017 Medicare Open Enrollment period, but what does this really mean?

All individuals who are enrolled in Medicare Part C plans (also known as Medicare Advantage plans) and/or who are enrolled in Medicare Part D plans (also known as Medicare Drug plans) should heed the call to review their coverage between **October 15 and December 7** for January 1 plan changes. Those who do not review their plans and options will find themselves renewed into their current plan or the next closest one offered by their current providers.

Is this a problem? Maybe no, but maybe yes. Almost all plans have some annual changes in benefits and notification of those changes should already have been received by insureds. If those benefit changes are acceptable and the current plan's network and other considerations are appropriate, all is well. Yet it is harder to police changes in the prescription portion of our coverage and this is an area where many of us do not recognize our risk.

Just because this year's plan is working well does not mean that it will be your best fit next year. Each year there are changes in the prescriptions each of us take. Additionally drugs often get moved from one tier to another within the drug plan producing different copay levels. Annually some drugs will become available in generic form and this impacts how much you will have to pay for the equivalent brand. Finally, some drugs can be reviewed and taken off the approved list. Plans reserve the right to make changes in how drugs are covered during the year, but a little planning during the Open Enrollment Period can minimize some unpleasant surprises. Don't forget that you can only make plan changes for Medicare parts C and D for January 1 effective dates. If Open Enrollment is missed you will be locked into the plan selected by your provider until the following January 1.

So, what needs to be done? **Please contact us so that we can start the review process by sending you a prescription update form.** We will update everyone's Medicare Part D formularies and help determine which plans are the most cost effective for our clients. We will also schedule a phone conversation to review the drugs and any possible changes that may be pending. More than that, we will discuss the frequency with which specific drugs are filled to see what impact that will have on the drug plan decision. Finally, we will check to see if there are specific pharmacies which have special arrangements with particular plans which will provide more attractive pricing when filling prescriptions.

We have mentioned in prior years that we may need to bill for our consult and this year we find that we will need to do just that. Commission rates have been reduced dramatically across all of our product sectors so we can no longer provide this service pro bono. Our fee

for the 2017 Medicare Open Enrollment will be \$100 per formulary search.

If you would like to conduct this research yourself, you will need to go to www.Medicare.gov to register/update your drug formularies and determine which plan will best suit your needs.

Whatever you do, you need to participate in this short exercise or suffer the possible consequences of not heeding the call.

By the way, those who have Medicare Supplement plans will need to pay attention to the Open Enrollment Period for Part D drug plans, but Medicare Supplement plans are not a part of this exercise. All insureds with Medicare Advantage plans will need to pay close attention to their base coverage as well as the prescription portion of their plans.

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